

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90189 009 \*\*\*150.00

**DOCUMENT # P05000134266**

1. Entity Name  
WE GO FOR YOU EXPRESS, INC.



Principal Place of Business  
2881 NW 107TH TERRACE  
SUNRISE, FL 33322

Mailing Address  
2881 NW 107TH TERRACE  
SUNRISE, FL 33322

66013143



**DO NOT WRITE IN THIS SPACE**

03282007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3550739

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

VELAZQUEZ, ROBERTO SR.  
2881 NW 107TH TERRACE  
SUNRISE, FL 33322

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and size of space

*Roberto Velazquez*  
(NOTE: Registered Agent signature required when reappointing)

4-9-07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	VELAZQUEZ, ROBERTO
STREET ADDRESS	2881 NW 107TH TERRACE
CITY - ST - ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 951-572-6703  
Date Daytime Phone #